

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395591	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 06/22/2023
NAME OF PROVIDER OR SUPPLIER: LUTHER CREST NURSING FACILITY STATE LICENSE NUMBER: 125502			STREET ADDRESS, CITY, STATE, ZIP CODE: 800 HAUSMAN ROAD ALLENTOWN, PA 18104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0000	INITIAL COMMENT	F 0000			
F 0582 SS=A	<p>Based on a Medicare/Medicaid Recertification survey, State Licensure survey, and Civil Rights Compliance survey completed on June 22, 2023, it was determined that Luther Crest Nursing Facility was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.</p> <p>483.10(g)(17)(18)(i)-(v) Medicaid/Medicare Coverage/Liability Notice</p> <p>§483.10(g)(17) The facility must--</p> <p>(i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of-</p> <p>(A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;</p> <p>(B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and</p> <p>(ii) Inform each Medicaid-eligible resident when changes</p>	F 0582	I hereby acknowledge the CMS 2567-A, issued to LUTHER CREST NURSING FACILITY for the survey ending 06/22/2023, AND attest that all deficiencies listed on the form will be corrected in a timely manner.	<p>Completion Date: 07/14/2023</p> <p>Status: APPROVED</p> <p>Date: 07/09/2023</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0582 SS=A	Continued from page 1 are made to the items and services specified in §483.10(g) (17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility. (v) The terms of an admission contract by or on behalf of	F 0582			

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F 0582 SS=A	Continued from page 2 an individual seeking admission to the facility must not conflict with the requirements of these regulations. This REQUIREMENT is not met as evidenced by:	F 0582			

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F 0582 SS=A	Continued from page 3 Based on clinical record review, review of facility documentation, and staff interview, it was determined that the facility failed to provide a written skilled nursing facility advanced beneficiary notice (SNF-ABN) to the resident or the resident's representative following the end of their Medicare coverage for one of three sampled residents who were discontinued from Medicare Part A with benefit days remaining. (Resident 60) Findings include: Clinical record review revealed that Resident 60 received Medicare Part A services from December 19, 2022, through January 9, 2023 According to the SNF (Skilled Nursing Facility) Beneficiary Protection Notification Review form completed by the facility, Resident 60 was discontinued from Medicare Part A with benefit days remaining and the termination of skilled services was initiated by the facility. There was no documented evidence that the resident or the resident's representative was provided the required SNF-ABN form (a notice	F 0582			

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F 0582 SS=A	Continued from page 4 given to Medicare beneficiaries to convey that Medicare is not likely to provide coverage in a specific case). During an interview on June 22, 2023 at 12:15 p.m., the Administrator confirmed that the SNF-ABN was not provided for Resident 60 or her representative. 28 Pa. Code 201.18(e)(1) Management.	F 0582			
F 0842 SS=D		F 0842			

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F 0842 SS=D	Continued from page 5 483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;	F 0842	1. The residents 25, 37 and 109 records were reviewed and updated to ensure that the documentation of non- medication interventions for pain are offered and documented as per individually established patients plan of care. 2. All residents who are currently receiving as needed pain medications have the potential to be affected by this deficient practice. 3. All current residents electronic medical records were audited for the presence of as needed pain medication orders. These orders were updated to include the required documentation of non-medication interventions being offered prior to the administration of as needed pain medication. 4. All clinical staff were provided with education on the requirement of offering and documenting of non-medication interventions prior to administering as needed pain medications to residents. 5. Weekly auditing will be conducted to ensure that documentation and offering of non-medication	Completion Date: 07/14/2023 Status: APPROVED Date: 07/05/2023	

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F 0842 SS=D	Continued from page 6 (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.	F 0842	interventions prior to administering as needed pain medications will be conducted by the Director of Nursing or designee. The results of the audits will be reviewed and presented to the center's quality assurance/process improvement committee meetings.		

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F 0842 SS=D	Continued from page 7 This REQUIREMENT is not met as evidenced by:	F 0842			

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F 0842 SS=D	Continued from page 8 Based on clinical record review and staff interview, it was determined that the facility failed to maintain clinical records that were accurate for three of 16 sampled residents. (Resident 25, 37, 109) Findings include: Clinical record review revealed that Resident 25 was admitted to the facility on June 1, 2023, with diagnoses that included osteoporosis and fracture of the lumbar vertebra. On June 1, 2023, the physician ordered for staff to administer narcotic pain medication (oxycodone) every four as hours as needed for severe pain. Review of the current care plan indicated that Resident 25 had pain related to her fracture and that staff was to utilized non medication interventions and administer as needed pain medication if non medication interventions were ineffective. Review of the Medication Administration Record (MAR) for June 1 through 21, 2023, revealed that Resident 25 received the as needed narcotic pain medication on 18 occasions. There was no documented evidence that staff	F 0842			

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F 0842 SS=D	Continued from page 9 offered non medication interventions prior to the administration of the as needed pain medication. Clinical record review revealed that Resident 37 had diagnoses that included osteoarthritis and hemiplegia and hemiparesis following cerebral infarction (weakness or the inability to move on one side of the body following a stroke). On May 6, 2023, the physician ordered for staff to administer narcotic pain medication (oxycodone) every eight as hours as needed for severe pain. Review of the MAR for June 1 through 21, 2023, revealed that Resident 37 received the as needed narcotic pain medication on five occasions. There was no documented evidence that staff offered non medication interventions prior to the administration of the as needed pain medication. Clinical record review revealed that Resident 109 was admitted to the facility on June 14, 2023, with diagnoses that included osteoporosis. On June 14, 2023, the physician ordered for staff to administer narcotic pain medication (oxycodone) every four	F 0842			

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F 0842 SS=D	Continued from page 10 hours as needed for moderate pain. Review of the MAR for June 14 through 21, 2023, revealed that Resident 109 received the as needed narcotic pain medication on six occasions. There was no documented evidence that staff offered non medication interventions on five occasions prior to the administration of the as needed pain medication. In an interview on June 22, 2023, at 11:57 a.m., the Director of Nursing confirmed that staff offered but did not document non medication interventions prior to the administration of narcotic pain medication. 28 PA. Code 211.5(f) Clinical records.	F 0842			



Certified End Page

LUTHER CREST NURSING FACILITY

STATE LICENSE NUMBER: 125502

SURVEY EXIT DATE: 06/22/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY